

JS 44 (Rev. 11/04)

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

| <b>I. (a) PLAINTIFFS</b><br>AUTOBYTEL INC.  |  | <b>DEFENDANTS</b><br>INSWEB CORPORATION, LEADPOINT, INC., INTERNET BRANDS, INC. and AUTO INTERNET MARKETING, INC.<br>County of Residence of First Listed Defendant <u>Sacramento County</u><br>(IN U.S. PLAINTIFF CASES ONLY) |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|---|--|---|---|--|------------|----------------|--|------------------------|------------------------|--|--|-------------------------------------|---------------------------------------|---|--|--|---|---|--|--|--|--|---|---|--|---------------------------------------|--|---|--|---|--|---|-------------------------------------|---|--|---|---|---|---|---|--|--|--|--|------------------------------------|---|--|--|--|--|--|---|--|--|--|---|---|--|--|--|---|--|--|--|--|--|----------------------|--|---------------------|---------------------------|------------------------|--|--|-------------------------------------|---|---|--|--|---|-----------------------|---|---|--|--|--------------------------------------|---|--|--|--------------------------------------|--|---|---|--|--|---|---|--|--|---|---|--|--|--|---|---|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|---|--|---|--|--|--|--|--|--|----------------------------|--|--|--|--|-------------------------------------|--|--|-----------|--|-------------------------------------|--|---------------------------|---------------|--|--------------------|--|--|--|--|---------------------|--|--|--|--|-----------|--|--------|--------------|------------------|
| (b) County of Residence of First Listed Plaintiff _____<br>(EXCEPT IN U.S. PLAINTIFF CASES)   |  | NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| (c) Attorney's (Firm Name, Address, and Telephone Number)<br><br>Sam Baxter, McKool Smith, P.C., 104 East Houston, Marshall, TX 75670<br>- Telephone: 903-923-9000  |  | Attorneys (If Known)  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)   |  | <b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 1 U.S. Government Plaintiff  | <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) | Citizen of This State <input type="checkbox"/> 1 <input type="checkbox"/> 1   | Incorporated or Principal Place of Business In This State <input type="checkbox"/> 4 <input type="checkbox"/> 4     |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 2 U.S. Government Defendant  | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)   | Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2  | Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5 |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  | Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3   | Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6  |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>IV. NATURE OF SUIT</b> (Place an "X" in One Box Only)  |  |   |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
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REQUESTED IN COMPLAINT:</b> |  | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 | DEMAND \$ | CHECK YES only if demanded in complaint:<br><br>JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>VIII. RELATED CASE(S) IF ANY</b> |  | (See instructions): JUDGE | DOCKET NUMBER |  | DATE<br>11/30/2007 |  | SIGNATURE OF ATTORNEY OF RECORD<br><i>Sam Baxter</i> |  |  | FOR OFFICE USE ONLY |  |  |  |  | RECEIPT # |  | AMOUNT | APPLYING IFP | JUDGE MAG. JUDGE |
| CONTRACT  | TORTS  | FORFEITURE/PENALTY  | BANKRUPTCY  | OTHER STATUTES   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 110 Insurance  | <b>PERSONAL INJURY</b>   | <b>PERSONAL INJURY</b>  | <input type="checkbox"/> 610 Agriculture  | <input type="checkbox"/> 400 State Reapportionment   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 120 Marine   | <input type="checkbox"/> 310 Airplane  | <input type="checkbox"/> 362 Personal Injury - Med. Malpractice   | <input type="checkbox"/> 620 Other Food & Drug  | <input type="checkbox"/> 410 Antitrust   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 130 Miller Act   | <input type="checkbox"/> 315 Airplane Product Liability                              | <input type="checkbox"/> 365 Personal Injury - Product Liability  | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881  | <input type="checkbox"/> 430 Banks and Banking   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 140 Negotiable Instrument  | <input type="checkbox"/> 320 Assault, Libel & Slander                                | <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability   | <input type="checkbox"/> 630 Liquor Laws  | <input type="checkbox"/> 450 Commerce  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment  | <input type="checkbox"/> 330 Federal Employers' Liability                            | <input type="checkbox"/> 370 Other Fraud  | <input type="checkbox"/> 640 R.R. & Truck   | <input type="checkbox"/> 460 Deportation   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 151 Medicare Act   | <input type="checkbox"/> 340 Marine  | <input type="checkbox"/> 371 Truth in Lending   | <input type="checkbox"/> 650 Airline Regs.  | <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)   | <input type="checkbox"/> 345 Marine Product Liability                                | <input type="checkbox"/> 380 Other Personal Property Damage   | <input type="checkbox"/> 660 Occupational Safety/Health   | <input type="checkbox"/> 480 Consumer Credit   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits  | <input type="checkbox"/> 350 Motor Vehicle   | <input type="checkbox"/> 385 Property Damage Product Liability  | <input type="checkbox"/> 690 Other  | <input type="checkbox"/> 490 Cable/Sat TV  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 160 Stockholders' Suits  | <input type="checkbox"/> 355 Motor Vehicle Product Liability                         |   |   | <input type="checkbox"/> 510 Selective Service   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 190 Other Contract   | <input type="checkbox"/> 360 Other Personal Injury                                   |   |   | <input type="checkbox"/> 850 Securities/Commodities/ Exchange  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 195 Contract Product Liability   |  |   |   | <input type="checkbox"/> 875 Customer Challenge 12 USC 3410  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 196 Franchise  |  |   |   | <input type="checkbox"/> 890 Other Statutory Actions   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>REAL PROPERTY</b>  |  | <b>CIVIL RIGHTS</b>   | <b>PRISONER PETITIONS</b>   | <b>SOCIAL SECURITY</b>   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 210 Land Condemnation  |  | <input type="checkbox"/> 441 Voting   | <input type="checkbox"/> 510 Motions to Vacate Sentence   | <input type="checkbox"/> 861 HIA (1395ff)  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 220 Foreclosure  |  | <input type="checkbox"/> 442 Employment   | <b>Habeas Corpus:</b>   | <input type="checkbox"/> 862 Black Lung (923)  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 230 Rent Lease & Ejectment   |  | <input type="checkbox"/> 443 Housing/ Accommodations  | <input type="checkbox"/> 530 General  | <input type="checkbox"/> 863 DIWC/DIWW (405(g))  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 240 Torts to Land  |  | <input type="checkbox"/> 444 Welfare  | <input type="checkbox"/> 535 Death Penalty  | <input type="checkbox"/> 864 SSID Title XVI  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 245 Tort Product Liability   |  | <input type="checkbox"/> 445 Amer. w/Disabilities - Employment  | <input type="checkbox"/> 540 Mandamus & Other   | <input type="checkbox"/> 865 RSI (405(g))  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input type="checkbox"/> 290 All Other Real Property  |  | <input type="checkbox"/> 446 Amer. w/Disabilities - Other   | <input type="checkbox"/> 550 Civil Rights   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  | <input type="checkbox"/> 440 Other Civil Rights   | <input type="checkbox"/> 555 Prison Condition   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  |   |   | <b>FEDERAL TAX SUITS</b>   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  |   |   | <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  |   |   | <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  |   |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>V. ORIGIN</b> (Place an "X" in One Box Only)   |  |   |   | Appeal to District Judge from Magistrate Judgment <input type="checkbox"/> 7   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <input checked="" type="checkbox"/> 1 Original Proceeding   | <input type="checkbox"/> 2 Removed from State Court                                  | <input type="checkbox"/> 3 Remanded from Appellate Court  | <input type="checkbox"/> 4 Reinstated or Reopened   | <input type="checkbox"/> 5 Transferred from another district (specify) <input type="checkbox"/> 6 Multidistrict Litigation       |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
|   |  | Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):<br><br><u>35 U.S.C. 271 and 281</u>  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>VI. CAUSE OF ACTION</b>  |  | Brief description of cause:<br><br>Patent Infringement  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>VII. REQUESTED IN COMPLAINT:</b>   |  | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23  | DEMAND \$   | CHECK YES only if demanded in complaint:<br><br>JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| <b>VIII. RELATED CASE(S) IF ANY</b>   |  | (See instructions): JUDGE   | DOCKET NUMBER   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| DATE<br>11/30/2007  |  | SIGNATURE OF ATTORNEY OF RECORD<br><i>Sam Baxter</i>  |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| FOR OFFICE USE ONLY   |  |   |   |  |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |
| RECEIPT #   |  | AMOUNT  | APPLYING IFP  | JUDGE MAG. JUDGE   |            |                |  |                        |                        |  |  |                                     |                                       |   |  |  |   |   |  |  |  |  |   |   |  |                                       |  |   |  |   |  |   |                                     |   |  |   |   |   |   |   |  |  |  |  |                                    |   |  |  |  |  |  |   |  |  |  |   |   |  |  |  |   |  |  |  |  |  |                      |  |                     |                           |                        |  |  |                                     |   |   |  |  |   |                       |   |   |  |  |                                      |   |  |  |                                      |  |   |   |  |  |   |   |  |  |   |   |  |  |  |   |   |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |   |   |  |   |  |  |  |  |  |  |                            |  |  |  |  |                                     |  |  |           |  |                                     |  |                           |               |  |                    |  |  |  |  |                     |  |  |  |  |           |  |        |              |                  |